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CONFIRMATION NO. 2535

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/658,609	<b>FILING OR 371(c) DATE</b> 09/08/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1657	<b>ATTORNEY DOCKET NO.</b> 6270-705.501
<b>APPLICANTS</b> James F. Hainfeld, Shoreham, NY;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/822,131 03/30/2001 PAT 6,670,113				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/28/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 18
Verified and Acknowledged Examiner's Signature _____ Initials _____	<b>INDEPENDENT CLAIMS</b> 4			
<b>ADDRESS</b> 21971				
<b>TITLE</b> KIT FOR DETECTING HER-2/NEU GENE BY SITE-SPECIFIC METAL DEPOSITION				
<b>FILING FEE RECEIVED</b> 2817	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	